## ADLM Counties Environmental Public Health

HOTEL LICENSE APPLICATION

Telephone: (641) 724-3511

Mail completed application and payment to:	0 1 1 1 1 1 1		Date of Application:		
ADLM Counties Environmental Public Health 12307 Highway 5, P.O. Box 399 Moravia, IA 52571			Please provide previous owner information if	er information if known:	
			Previous owner name	,	
			Business name	, and	
			License number:	_(if known)	
Name of Business:					
Owner's Name:			Business Phone Number: ()		
Owner's Name:  Alternative or Cell Phone ( )	Busi	iness E-	2		
Physical Business Address:			Suite#County:		
City:		_ State	zip Code: Zip Code:		
Person-In Charge (onsite)		Title	le of Person-In-Charge		
Secondary Person in Charge		Perso	on-In-Charge Emaille of Secondary Person in Charge		
Secondary reison in charge		_ 1111	le of Secondary Ferson in Charge		
Mailing address for all correspondence, if digastra.  Street or Route:			Telephone Number: ()		
Ownership Information  ☐ Sole Proprietor ☐ Partnership  If not Sole Proprietor, complete the following	_		☐ Non-profit Organization ☐ LLC or officers:	□ LLP	
Name:			Name:		
Address:			Address:		
City: State:	Zip:		City: State:	Zip:	
Phone: ( ) Cell phone: (	)		Phone: ( ) Cell phone: ( )		
Email:			Email:		
Title:			Title:		
License Fee Schedule  *Pay appropriate fee from based on number of \$50.00 FOR 1-30 GUEST ROOMS  □ \$100.00 FOR 31-100 GUEST ROOMS  □ \$150.00 FOR 100+ GUEST ROOMS	of rooms, please	e mark a	appropriate box		
Any Change in Location of Licenses	or Ownership R are <u>Not</u> Transfe		Ck #		
Signature of Applicant:			Title Amount Peed		
Applicant name (please print)			Ck Name		

## HOTELS, ROOMS, GUEST PER ROOM, AND MAXIMUM RATES

Hotel	City or Town

Statement to the Director of the Iowa Department of Inspections and Appeals under Iowa Code Chapter 137C, showing a complete list of rooms by number and floor, with the maximum rate charged per day per person or guest. A duplicate of this rate list must be posted in a conspicuous place near the office in the lobby of the hotel. The maximum rate per person per day must also be posted in each room. These rates posted under Iowa Code Chapter 137C shall not be increased until written sixty (60) days' notice of the proposed increase has been given to the Department.

Room or Unit Number  Floor Number	Floor	Maximum Charge Per Room			Room or	Floor	Maximum Charge Per Room		
	1 - Guest	2 - Guest	3 - Guest	Unit Number	Number	1 - Guest	2 - Guest	3 - Guest	